



Award of Excellence Nomination Form

I nominate the following individual for the 2006 READS Award of Excellence:

Name of Nominee	
Position Held	
Library Name	
Street Address	
Phone Number	
E-Mail Address	

I can be contacted at:

Name of Nominator	
Position Held	
Library Name	
Street Address	
Phone Number	
E-Mail Address	

How did you become familiar with the nominee's work?

--

Qualifications

Please describe what this individual has done to meet the criteria for this award.

How did you hear about the READS Award of Excellence?

Please check all that apply.

☐ Web site

☐ Newsletter/List-serv announcement

☐ At a READS program or meeting

☐ Other _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that nominee and nominator may be contacted if the Award Selection Committee has questions about this application. I agree to allow READS or NHLA to post any part or all of my application on their respective Web pages for general information and reference uses.

Name (printed)	
Signature	
Date	

How to Submit

Please send this form to:

READS
c/o Local Government Center
PO Box 617
Concord, NH 03302-0617

Thank you for completing this nomination form.

For more information about the READS Award of Excellence, please visit
<http://www.nh.gov/nhla/reads.htm>